

ALL PURPOSE CHECKLIST		PAGE	OF	PAGES
TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA INDIVIDUAL MOBILIZATION AUGMENTEE (IMA) CONTINGENCY TDY OUTPROCESSING GUIDELINES AND CHECKLIST		OPR HQ ARPC/ XPC	DATE	
NO.	ITEM (Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)	Yes	No	N/A
1.	<p>_____ is processing for TDY in support of _____ with a date required in place (DRI) of _____. Estimated tour length: _____ days MPA Days: _____ Member on tour from _____ to _____ MPA Waiver approved: _____ MPA Order: _____ AF Fm 49: _____ TDY notification date: _____ Program Manager/DSN: _____ AEF Center: DSN 575-2377 / Comm (757) 225-2377 Fax DSN 575-0053 / (757) 225-0053 email: aeefc.mandays@langley.af.mil Web: https://aeefcenter.acc.af.mil/</p> <p>This checklist covers the mandatory deployment outprocessing which must be completed prior to your TDY deployment. Additional items may be required by your tasking MAJCOM or deployed location.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Actions to be accomplished by the IMA prior to deployment:</p> <p>a. Pre-deployment Health Assessment: _____</p> <p>b. Travel arrangements at closest AF base TMO (DO NOT USE OMEGA TRAVEL): _____</p> <p>c. Immunizations/Medications: _____</p> <p>d. ID Card verification: _____</p> <p>e. Chemical Warfare training: _____</p> <p>f. 9mm/M-16 training: _____</p> <p>g. Legal affairs: _____</p> <p>h. Finance: _____</p> <p>i. Deployment bags (A, A1, B, C, D): _____</p> <p>j. LOAC/Intel/Antiterrorism Brief: _____</p> <p>k. Self Aid & Buddy Care: _____</p> <p>l. Deployment specific training: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Items to be HANDCARRIED to the deployed location:</p> <p>a. Military ID Card</p> <p>b. Immunization Record</p> <p>c. DD Fm 93 (Emergency Data Card)</p> <p>d. Passport (if required)</p> <p>e. 10 copies of orders (MPA/CED/NATO)</p> <p>f. Deployment bags</p> <p>g. Deployment specific equipment/uniforms</p> <p>h. Metal ID (dog) Tags</p> <p>i. Government/State Driver's License</p> <p>j. Geneva Convention Card (Chaplain/Medical)</p> <p>k. Airline tickets</p> <p>l. Completed AF Fm 245</p> <p>m. Medical Health Assessment</p> <p>n. Other: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Final Outprocessing:</p> <p>a. Provide a copy of CED/MPA orders to unit of assignment: _____</p> <p>b. Provide a copy of CED/MPA orders to MAJCOM program manager and/or BIMAA: _____</p> <p>c. Provide a copy of CED/MPA orders to active duty MPF PRU: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Redeployment actions:</p> <p>a. Post deployment health assessment: _____</p> <p>b. In-process with MAJCOM program manager: _____</p> <p>c. In-process with unit of assignment: _____</p> <p>d. Turn-in all deployment bags: _____</p> <p>e. File travel voucher: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Any questions regarding this checklist should be referred to HQ ARPC/XPC, DSN: 926-7081, Comm: (303) 676-7081, or Toll-Free at 1-800-525-0102, ext. 71206, email: arpc.prc@arpc.denver.af.mil</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

